

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814

May 4, 1983



ALL-COUNTY INFORMATION NOTICE I- 58-83

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: REVISED EMPLOYMENT DEVELOPMENT DEPARTMENT FORM DE 8720, REQUEST FOR INFORMATION

REFERENCE:

The Employment Development Department has revised the request for UI/DI Wage and Claim Information DE 8720 to include a request section for the disability insurance claim information (DIB 100). The purpose of this information notice is to provide you with instructions regarding the use of the revised DE 8720 Rev.1 (5/82) form (copy attached).

DE 8720 form changes

Section B - changed heading and language to allow requests for DI Abstracts (DIB 100) by entering a "D" in the box.

Section C - eliminated transaction codes 4, 5 and 6.

Section D - revised language.

Counties should insure that the correct six position requester code is entered on the DE 8720 prior to submittal. The letter "W", indicating welfare request, must always be entered in the first position followed by the 2 digit county code in the second and third positions. The fourth, fifth and sixth positions are for county use; the fourth and fifth positions can be alpha or numeric; the sixth position must be numeric. When entering numeric characters, do not use 0, 1, 7, or Roman numerals. All sections must be complete and accurate.

To obtain the desired information, complete the form as follows:

Enter the requesting agency name and address, and your name and phone number.

Enter the requester code, previously assigned by EDD, in Section A.

("W \_ \_ \_ \_")

To obtain the DIB 100, Disability Insurance Payment History Abstract, enter "D" in section B.

To obtain the DE 507, Wage and Claim Abstract, enter "1" in section C.  
To obtain the DE 4989, Employer Address Form, enter "2" in section C.  
To obtain both the DE 507 and the DE 4989, enter "3" in section C.

To obtain the EDD 586A, Unemployment Insurance Payment History Abstract,  
with a 24-month history record, enter "7" in section D.  
To obtain the ECC 586A with a 48-month history record, enter "8" in section D.

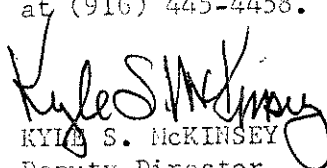
Enter one to sixteen SSA numbers for which the above information is requested.

A single DE 8720 may be used to request any combination of the above output;  
however, the options selected in section B, C, and D on a single DE 8720 will apply  
to all SSAs listed.

Supplies of the revised form are available upon request from the DSS Warehouse,  
P. O. Box 22429, Sacramento, CA 95822-3799.

EFFECTIVE JULY 1, 1983, ONLY DE 8720 REV. 1 (5/82) WILL BE ACCEPTED BY EDD DATA  
PROCESSING DIVISION. NO PREVIOUS VERSIONS WILL BE PROCESSED. Obsolete forms  
received after the cut-off date will not be processed and will not be returned  
to the requester.

If you have any questions, please contact your AFDC Program Management Consultant  
at (916) 445-4458.

  
KYLE S. MCKINSEY  
Deputy Director

Attachment

cc: CWDA

FOLLOW  
SAMPLE

11 > 1 2 3 4 5 6 7 8 9 0

REQUEST FOR INFORMATION

TO: EMPLOYMENT DEVELOPMENT DEPARTMENT 800 CAPITOL MALL, MIC 58-1 SACRAMENTO, CA 95814		A REQUESTER CODE  Complete all six blocks	B DI ABSTRACT (DIB 100)  ENTER "D" TO SELECT DI ABSTRACT
FROM: (NAME OF DEPT., AGY., DIV., FO, ETC.)		C SELECT TRANSACTION AND ENTER CORRESPONDING NUMBER HERE. →	
ADDRESS: (NUMBER, P.O. BOX, STREET NAME)		1. UI/DI WAGE CLAIM INFO ONLY (DE 507) 2. EMPLOYER ADDRESS INFO ONLY 3. BOTH OF THE ABOVE	
CITY		ZIP CODE	D UI PAYMENT HISTORY ABSTRACT. (ECC 586A) ENTER 7 TO OBTAIN UP TO 24 MONTHS OF DATA ENTER 8 TO OBTAIN UP TO 48 MONTHS OF DATA →
REQUESTER'S NAME: (PRINT)		TELEPHONE ( )	
E SSA NUMBERS		E SSA NUMBERS	